

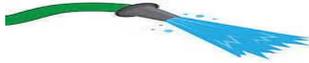


## Transition Summer Camp Registration Form

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Ph: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Calendar of Activities

#### Water, bubbles, and music

	Tuesday	Thursday
<b>Week 1</b>	June 27 	June 29 
<b>Week 2</b> (Note: this week is Wed & Fri due to holiday)	July 5 	July 7 
<b>Week 3</b>	July 11 	July 13 

The goals of this program are to: ease your child into our classroom routine, start the separation process by creating an anxiety-free environment for your child, and initiate a child-teacher bonding experience. In order to get the full benefits of the program, attendance for the entire session is required. Furthermore, all children must be accompanied by a caregiver unless your child transitions easily without the caregiver. If you have any questions about this, please contact us to discuss options.

### PROGRAM TUITION, HOURS & BILLING INFORMATION

**REGISTRATION FEE:** \$30    **CAMP HOURS:** 9:00-12:00    **CAMPER AGES:** 18 mos-3 years

Early Bird Special: Sign up before June 2<sup>nd</sup> before fees increase!

RATES BEFORE JUNE 2 <sup>nd</sup> :	RATES AFTER JUNE 2 <sup>nd</sup> :
\$450	\$500

**\*\*\*CAMP FEES ARE NON TRANSFERABLE NOR REFUNDABLE\*\*\*\***

\*Registration fee and payment in full is required in order to reserve your camper's space. Limited enrollment. (Tuition is non-refundable and non-transferable. By enrolling in the program, I accept these registration, tuition and refund terms.) Make all checks payable to "GBCP" for the total fees due and mail in or drop off in preschool office.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Rate \$ \_\_\_\_\_ + \$30 registration = Total Amt Enclosed \$ \_\_\_\_\_

**[Camper Information]** (Applies to families not enrolled at Green Beginning)

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please Circle:

Tetanus shot current?	Yes	No	Hearing Problems?	Yes	No
Asthma?	Yes	No	Wear glasses or contacts?	Yes	No
Any relevant allergies	Yes	No			

If yes, explain \_\_\_\_\_

List Medications and dosage: \_\_\_\_\_

Any behavioral or medical problems:


Health Insurance: \_\_\_\_\_ Policy No \_\_\_\_\_

Group No \_\_\_\_\_ Dr's. Name \_\_\_\_\_

Dr's Phone No. \_\_\_\_\_

Name of the person you want us to contact in case of an emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Ph No \_\_\_\_\_

Release: In case of emergency and I cannot be reached, I authorize Green Beginning Community Preschool (GBCP) staff to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I hereby release, indemnify and hold harmless GBCP Directors and their staff from any and all claims arising out of injury to my child. I also agree to accept full financial responsibility for medical care provided to my child in case of an emergency.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorized Pick Up:** List the names, relationship, and phone numbers of the people authorized to pick up your child from camp. All campers must be signed in and out daily with full signatures for licensing and legal purposes.

_____	_____
_____	_____
_____	_____